

AFFIDAVIT OF INDIGENCY CRIMINAL

JD-AP-48 Rev. 12-05
C.G.S. §§ 54-56g, 52-259b

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.state.ct.us

INSTRUCTIONS TO APPLICANT: Print or type all information and sign affidavit in front of court clerk, notary public or an attorney.
INSTRUCTIONS TO CLERK: If application is denied and a hearing is requested, schedule hearing and issue notice of hearing.

NAME OF CASE _____ **DOCKET NO.** _____
SPECIFY FEE TO BE REMAILED (Check one box)

SPECIFY FEE TO BE WAIVED (*Copies, transcript, program fee, etc.*)

I. **INCOME** (*Net income after taxes; include all sources*).....
Public Assistance Received: NO YES
(If yes, specify type):

II. DEPENDENTS (*Total number of dependents*).....

III. ASSETS

ESTIMATED VALUE	MORTGAGE BALANCE	EQUITY
\$	\$	REAL ESTATE \$
\$	\$	MOTOR VEHICLE \$
\$	\$	OTHER \$
<i>of all accounts)</i>		SAVINGS \$
<i>of all accounts)</i>		CHECKING \$
		STOCK VALUE \$
		BOND VALUE \$
		TOTAL ASSETS \$

IV. LIABILITIES

DATE	SOURCE	AMOUNT OF DEBT	BALANCE DUE	WEEKLY PAYMENT
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
				TOTAL LIABILITY \$

V. AFFIDAVIT

I hereby certify that the foregoing information is accurate to the best of my knowledge and that I can, if requested, submit documentation for all income, assets and liabilities listed above.

NOTICE: ► and which is intended to mislead a public servant in the performance of his or her official function may be punishable by a fine and/or imprisonment.

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(ATTACH PERTINENT RECORDS)

SIGNED (Applicant)		PRINT NAME OF PERSON SIGNING AT LEFT	DATE SIGNED
Subscribed and sworn to before me:	ON (Date)	SIGNED (Notary public, commissioner of superior court, assistant clerk)	

Pursuant to Gen. Stat. 52-259b, for purposes of determining whether a party is indigent and unable to pay a fee to the court or to pay the cost of service:

"There shall be a rebuttable presumption that a person is indigent and unable to pay a fee or fees or the cost of service of process if (1) such person receives public assistance or (2) such person's income after taxes, mandatory wage deductions and child care expenses is one hundred twenty-five per cent or less of the federal poverty level. For purposes of this subsection, "public assistance" includes, but is not limited to, state-administered general assistance, temporary family assistance, aid to the aged, blind and disabled, food stamps and Supplemental Security Income."

ORDER OF COURT

The Court, having found the applicant INDIGENT AND UNABLE TO PAY NOT INDIGENT hereby orders the application:

GRANTED as follows:

- 1. The following fees payable to the court are waived. (*specify:*) _____
- 2. The following fees are ordered paid by the State:
 - service of process not to exceed \$ _____ (*specify amount if limited*)
 - other (*specify:*) _____

DENIED

BY THE COURT (<i>Print name of judge</i>)	ON (<i>Date</i>)	SIGNED (<i>Judge, Assistant Clerk</i>)	DATE SIGNED
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REQUEST FOR HEARING ON FEE WAIVER APPLICATION (*Only if initially denied without a hearing*)

I request a court hearing on the application for a fee waiver.

SIGNED (<i>Applicant</i>)		DATE SIGNED		
HEARING TO BE HELD AT	SUPERIOR COURT JUDICIAL DISTRICT OR G.A. NO.	DATE OF HEARING	TIME OF HEARING	ROOM NO.
	ADDRESS OF COURT (<i>No., street and town</i>)		SIGNED (<i>Assistant Clerk</i>)	

ORDER OF COURT AFTER HEARING

The Court, having found the applicant INDIGENT AND UNABLE TO PAY NOT INDIGENT hereby orders the application:

GRANTED as follows:

- 1. The following fees payable to the court are waived. (*specify:*) _____
- 2. The following fees are ordered paid by the State:
 - service of process not to exceed \$ _____ (*specify amount if limited*)
 - other (*specify:*) _____

DENIED

BY THE COURT (<i>Print name of judge</i>)	ON (<i>Date</i>)	SIGNED (<i>Judge, Assistant Clerk</i>)	DATE SIGNED
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